FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2001 8:00 am DOCUMENT # **P97000064243** Secretary of State NATION SAFE DRIVERS, INC. 05-03-2001 90923 050 ***150.00 Principal Place of Business Mailing Address 9909 W COMMERCIAL BLVD: 3900 W COMMERCIAL BLVD: SUITE 200-FORT-LAUDERDALE-Ft 33309 FORT LAUDERDALE FL-30300 2. Principal Place of Business 3. Mailing Address 108 E. Newport Center 1108 E. Newport Center Do Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0773799 Applied For Deerfield Beach Deer Held Beach Not Applicable Country Country \$8.75 Additional ૩૱ૻ<u>ૣ</u>મ્પ<u></u> 5. Certificate of Status Desired 33442 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIMSLEY, CHARLES Street Address (P.O. Box Number is Not Acceptable) **1880 BRICKELL AVENUE** MIAMI FL 33129 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) **PSD** TITLE □ Delete TITLE MENNELLA, FRANK NAME NAME 1108 E. Mewport Center Drive 3900 W-COMMERCIAL BLVD: STE-200 STREET ADDRESS STREET ADDRESS Deartieu Beach A 33442 CITY-ST-ZIP CITY-ST-ZIP FORT-LAUDERDALE FL 33309 □ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY~ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Frank Mennells, Pres, 4-24-01 (93